



Commonwealth
of Massachusetts

Center for Health
Information and Analysis

All Payer Claims Database Data Volume Reports

2008 - 2012

March 2013

The Commonwealth of Massachusetts established an All Payer Claims Database (APCD) in 2010 as one of the largest data collection efforts undertaken by the state. Regulation 114.5 CMR 21.00, Health Care Payer Claims Data Submissions, requires health insurance payers to submit medical, pharmacy, and dental claims, as well as information about member eligibility, benefit design, and providers to the Center for Health Information and Analysis (CHIA) for Massachusetts residents. The goals of the APCD are to provide administrative simplification to payers and to provide access to timely, accurate, and relevant data for improving quality, mitigating costs, and promoting transparency in the health care delivery system.

The charts below depict the number of records submitted to the Center as of December 2012 by health insurance payers. These Data Volume Reports are a concise way of presenting the amount of APCD data collected by year and file type.

Please feel free to submit any questions related to the reports to the Center's APCD mailbox: CHIA-APCD@state.ma.us.

Thank you for your interest in the All Payer Claims Database.

Commonwealth of Massachusetts-Center for Health Information and Analysis (CHIA)
APCD Data Volume Reports 2008-2012 (based on data received by 12/19/2012)

Horizon Blue Cross and Blue Shield of NJ														
File Type*	Submission Year	January	February	March	April	May	June	July	August	September	October	November	December	Total
PR	2010	0	0	0	0	0	0	0	0	0	0	0	140	140
PR	2011	0	0	140	0	140	140	0	0	140	0	0	140	700
PR	2012	0	0	139	0	0	139	0	0	139				417
ME	2009	0	0	0	0	0	0	0	0	0	0	0	22,290	22,290
ME	2010	0	0	0	0	0	0	0	0	0	0	0	28,356	28,356
ME	2011	30,848	30,994	31,223	31,425	31,608	31,824	32,029	32,289	32,547	32,796	32,931	47,059	397,573
ME	2012	51,407	49,705	49,883	50,063	51,790	28,934	58,434	53,391	53,630	62,545			509,782
PV	2011	0	0	0	0	0	0	0	0	0	0	0	0	0
PV	2012	0	0	0	0	0	0	0	0	0	0			0
MC	2008	11,520	15,695	16,450	16,091	17,080	21,121	20,371	19,183	18,397	21,692	19,958	17,893	215,451
MC	2009	18,723	29,211	30,410	28,885	29,158	28,594	30,096	26,569	27,304	27,311	28,832	27,620	332,713
MC	2010	28,262	30,147	31,028	30,906	31,654	29,052	34,104	30,319	29,842	32,602	31,441	32,791	372,148
MC	2011	23,928	29,626	36,708	35,669	34,579	33,410	33,096	34,286	35,212	33,665	39,834	41,301	411,314
MC	2012	35,762	34,249	35,441	29,194	33,746	31,344	31,937	34,275	28,832	32,976			327,756
PC	2008	2,523	3,602	3,467	3,766	3,552	3,414	3,589	3,371	3,645	3,441	3,640	3,543	41,553
PC	2009	3,621	3,695	3,437	3,855	2,620	3,739	3,594	3,768	3,583	3,640	3,660	3,571	42,783
PC	2010	3,677	3,740	3,587	3,852	3,633	3,634	3,556	3,583	3,713	3,948	3,824	3,789	44,536
PC	2011	2,580	1,377	1,266	1,477	1,334	1,480	1,319	1,391	1,416	1,284	1,452	1,352	17,728
PC	2012	1,335	1,478	1,361	1,409	1,386	1,506	1,360	1,440	0	1,348			12,623
DC	2008	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2009	0	0	0	0	0	0	0	0	0	0	7	0	7
DC	2010	5	5	8	8	0	10	3	4	0	26	9	3	81
DC	2011	4	4	2	0	5	4	3	7	1	0	0	0	30
DC	2012	1	10	9	1	0	0	2	0	10	4			37

***Key:** PR=Product Records; ME=Member Eligibility Records; PV=Provider Records; MC=Medical Claim Lines; PC=Pharmacy Claim Lines; and DC=Dental Claim Lines.

The Volume Report presents the APCD inventory as of December 2012 and reflects the related compliance requirements:

- Medical, pharmacy, and dental submissions are required monthly beginning January 2008.
- Provider submissions are required monthly beginning January 2011. The May 2011 submission contains historical records from 2008 through May 2011.
- Product submissions are required quarterly beginning December 2010. The May 2011 submission contains historical records from 2008 through 2010 plus 2011, quarter one.
- Member eligibility submissions are required monthly beginning in January 2011. Prior to 2011, payers were required to submit two eligibility files: a December 2009 eligibility submission covering calendar years 2008 and 2009, and a December 2010 eligibility submission covering calendar years 2009 and 2010. Eligibility files contain data for twenty-four months of member eligibility.
- The APCD liaisons monitor and enforce compliance rules and authorize exceptions. Some carriers have incomplete data due to: exemptions from filing, limited claim or member base, phasing into APCD and are currently in testing or ramping up their production data filings, are in the process of updating specific submissions, and /or non-compliance.

These numbers represent the number of records submitted, not actual counts of members, providers, products or claims.









